on the list it is easy to go down the line, ringing up one after another and getting those who are at liberty and will go to the scene of the accident. That was the idea expressed and it is difficult to see how any person could get any different meaning out of it, yet such seems to be the case. As a matter of fact, the exchange never recommends a physician; it exists merely to locate the particular physician that some patient may want to reach. Any undertaking that operated differently would not survive, for no one wants to pay to belong to an exchange that plays favorites.

DIVISION OF FEES; THE LOS ANGELES TREATMENT.

The Los Angeles County Medical Association has adopted a plan to fight this petty graft of fee-splitting which may possibly do some good. They print a list of their members and place an * against the name of each member who has stated that he did not split fees. Some of those who have so stated and whose names are so marked may lie, but at any rate they are then known to be liars by at least one other person, and they may have some shame. Do you think it would be a good idea to try this in the case of the membership of the State Society and to print in the Register and Directory, which is issued every year, an * against the names of the members who agree in writing not to split fees? It might do some good; it could not possibly do any harm; would you like to have it tried in the next edition? If so, write to the Secretary what you think about it and he will gladly place your views before the Council at its next meeting. Anything that offers even some small relief from this pickpocket form of dishonesty would seem to be worth trying.

DISHONEST BUSINESS BY MEDICAL (?) JOURNALS.

In San Francisco and in Los Angeles there has recently been much scandal connected with the police departments; policemen, it appeared, had taken a portion of the money which bunco men got from innocent victims. It is a contemptible business, this petty larceny graft, yet it is also in our own profession in those two cities; owners of medical (?) journals are taking their "whack" of the bunco money the promoters of worthless nostrums get from their innocent victims, largely aided by the medical (?) journals which advertise these things. This has been going on for years. Over and over again the STATE JOURNAL has been asked why it did not criticize the *Pacific Medical Journal* and the *Southern California Practitioner*. Ten years ago, when the STATE JOURNAL was in its first year and the fight against dishonest drug preparations had just been started by us, the question came before the publication committee and it was then agreed that the STATE JOURNAL should not criticize any journal published in California until we had become firmly established and no charge of "envy" or "jealousy" could be raised with the least shadow of probability behind it. It has not been easy at all times to live up to that rule, but still it has been done. It was very hard to live up to it when we saw a typical "write up" of the old style, giving a report of some cases of tuberculosis "cured" by the use of that disgusting fake, "dioradin," appear in the *Southern California Practitioner*. It has not been easy to keep silent when letters have been received asking why the names of some of our members were printed as "associate editors" of these publications that were and are carrying disgraceful nostrum advertising, and the STATE JOURNAL had no word of criticism. It has not been easy not to ask whether any one is really fool enough to pay money to subscribe for a publication like the *Pacific Medical Journal*, each issue of which is principally made up of mushy reprinted stuff and bunco advertisements, in which respect it is a little worse than the *Southern California Practitioner*. If either one of these publications really has 100 actual paid subscribers, then would it seem true that "doctors are the easiest suckers that are!"

The *Southern California Practitioner* was so loaded with nostrum "ads" that, several years ago, some of the men whose names had been carried as "associate editors" requested that the use of their names be discontinued; and it was done. Something over a year ago a new editor took charge of the *Practitioner* and when the subject of the character of the advertising was discussed with him, he said that he was going to drop the notoriously bad advertisements as soon as the contracts ran out; a moth-eaten excuse. To what extent he has complied with his expressed intentions, anyone who can find a copy of the publication can see for himself. The advertising solicitor of the *Southern California Practitioner* was in the office of the STATE JOURNAL only a few weeks ago and made the ingenuous remark that they would take anything that paid and that he did not know of any advertising contract having been rejected! Just money; anything for money! How the physicians whose names are given as "associate editors" of the *Southern California Practitioner* and the *Pacific Medical Journal* can stand that notoriety, it is difficult to see. Perhaps they do not know that their names are being so used, and for that reason we will not print them in this issue.

"THE COLLEGE."

"The name of the corporation is the College of Surgeons," so says the official announcement on page 4, I; but in III it says "The corporation is to be known as the College," and thereafter it refers to itself as THE College. There are titles enough, God knows, to suit the taste of the most fastidious hungerer after titles and letters. We learn that there is to be a Board of Governors consisting of the first five hundred to be invited to attend the emporium by the original Murphy-Martin committee; they are to be known also as Founders of the College; all other ordinary mortals are to be merely Fellows of the College; thus you see the first bunch get two nice titles right at the jump off. There is also to be a Board of Regents selected from the Board of Governors; these lucky mortals will thus have an additional title; and it seems unfair that only twelve should be so blessed

by the Murphy-Martin providence. But there is some small crumb of encouragement for us little fellows; for $25 and $5 a year, we may perchance become a "Fellow" and if such is our luck, just think what we can do: "All Fellows of the College shall be designated a Fellow of the College of Surgeons and shall be authorized and encouraged to use the letters F. C. S. after his name on professional cards, in professional directories and in scientific articles published in surgical literature." It does not say whether the big one of the elect is to be encouraged to use these letters after his name in the articles which may be published in newspapers, thus informing the public of the wonderful discoveries and how he can make the crippled-for-life walk and run about. There is to be still further segregation: "The prospective Fellows are to be divided into four classes, A. B. C and D." The natural interpretation of these cabalistic letters would be the last thing that THE College, or the Regents, or the Governors or any of the muchly bedecorated officials would ever think of; we fear they have no sense of humor. Class "A" one would suppose would indicate Fellows especially handy with the Appendix; class "B" should point out to the incontinent or the suppressed a Fellow who is keen on the Bladder; class "C" might be used to designate those of the Fellows who are highly Commercial and notorious fee-splitters; of course, it is obvious that the man with an ingrowing toe nail will have to pick a Fellow from class "D"—or one who does Divers odd jobs. John Jones can now, if he is lucky enough to be liked by someone who was liked by someone who was liked by the Murphy-Martin "committee," have a brand new lot of stationery printed as follows: "John Jones, M. D., F. C. S., F. of C. S., R. of C. S., G. of C. S., class A (or whatever it may be)." Is there a patient who could get untangled from that string of letters and go to some other less distinguished surgeon? We rather guess not! If that accident should occur, the Regents of THE College will undoubtedly fix up some more titles so as to get some more letters. But think of the state of mind of the poor man with a bellyache who thinks it is appendicitis and sends a messenger boy out to get the card of a real Fellow, goes painfully down the list of letters till he comes to the end and then finds that he has got a "B" Fellow or a "D" Fellow instead of an "A" fellow! Shocking! Oh you Fellow!

REMEMBER TO LOOK THROUGH THE ADVERTISING PAGES OF YOUR JOURNAL.

REMEMBER TO SEND US YOUR CHANGE OF ADDRESS PROMPTLY.

ORIGINAL ARTICLES

INTRATRACHEAL INSUFFLATION ANESTHESIA.*

By SAXTON TEMPLE POPE, M. D., San Francisco.

Experimental physiology often paves the way for the advance of surgery. In the field of thoracic operations, it not only paved the way, it forced surgery to follow. Physiologists had demonstrated the possibility of maintaining artificial respiration and pulmonary ventilation many years ago. Vesalius, in the sixteenth century, first used the laryngeal tube to produce inflation of the lungs. In animal experimentation, Legallois, Monroe, Magendie and Marcy all resorted to an apparatus for artificial respiration, using a tracheal cannula. Surgeons followed rather tardily, employing measures such as the Sauerbruck cabinet, the Tiegel positive pressure apparatus, Green's apparatus and similar devices. The list of experimenters who have attacked the problem is a long one: Matas, Fell, Hans Mayer, P. J. Murphy, Vidal, Karewski, Brauer, Janeway and Robinson, Engelken, Willy Meyer, Elsberg, Boothby, Eisenberg, Peck, Pool, Cotton and many others, all contributing something to the general knowledge of the subject. Sterling Bunnell invented a very ingenious positive pressure mask.

But it remained for Meltzer and Auer of the Rockefeller Institute to originate and popularize the successful method now under consideration. Their work met all the fundamental requirements of the situation. They established the facts that pulmonary ventilation might be maintained by a constant stream of air or oxygen, under definite pressure, being blown in the trachea. This insured the proper oxygenation of the blood, inflation of the lungs, favored the continuance of cardiovascular circulation and permitted, if desired, the induction of narcosis by means of a volatile anesthetic.

All of this is done with a comparatively simple apparatus, easy of operation and absolutely sure in its action. At one move it abolishes the cumbersome, uncertain appliances of the past and opens the thorax to the progress of surgery.

The work of Meltzer and Auer, Elsberg, Flint, Janeway and others has proved that intratracheal anesthesia is not only a successful solution of an important phase of intrathoracic surgery, but is a safe adventure. They even claim that it is safer than the usual surgical narcosis.

Intratracheal intubation eliminates the danger zone—that region lying between the lips and the pulmonary alveoli—where so many of the problems of obstructed respiration have their origin. At the same time it establishes and carries on continuous artificial respiration. The patient cannot die from respiratory failure. This immediately abolishes a large percentage of all anesthesia mortalities.

That most delicate and readily disturbed of all essential functions, respiration, that which quickest shows impending shock, and most elusively departs in the crisis of acapnia, is under the positive control of the anesthetist.

Elsberg has proved that we need fear no damage

* Read before the California Academy of Medicine, January 27, 1913.